

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Ms. BALDWIN. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

EXPRESSING THE SENSE OF THE HOUSE OF REPRESENTATIVES WITH RESPECT TO DIAMOND-BLACKFAN ANEMIA

Ms. BALDWIN. Madam Speaker, I move to suspend the rules and agree to the resolution (H. Res. 524) expressing the sense of the House of Representatives with respect to Diamond-Blackfan Anemia, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 524

Whereas Diamond-Blackfan Anemia ("DBA") is a rare genetic bone marrow failure disorder affecting children and adults, 90 percent of whom are younger than 1 year of age when they are diagnosed, and results in severe anemia due to failure to produce red blood cells;

Whereas individuals and families suffering with rare diseases such as DBA not only face the challenges of their debilitating and life-threatening diseases, but must also confront the consequences of their rare disease status;

Whereas individuals suffering from rare diseases need access to treatment options and the potential for a cure;

Whereas research is proving the study of complex, rare diseases such as DBA yield tremendous advancements in other, larger disease areas that affect millions of Americans;

Whereas the children living with DBA have an increased risk of leukemia, solid tumors, and complete bone marrow failure, and 50 percent of patients with DBA are born with birth defects including abnormalities to the face, head, upper arm and hand, genitourinary, and heart with 21 percent of affected patients having more than 1 defect;

Whereas the study of DBA will yield the true incidence of aplastic anemia, myelodysplastic syndrome, leukemia, and the predisposition to cancer in DBA and will serve as an important model for understanding the genetics of birth defects;

Whereas treatments for DBA, including the use of steroids (such as prednisone) and blood transfusions, have potential long-term side effects, including osteoporosis, impaired growth because of the steroids, diabetes, and iron overload because of the transfusions;

Whereas the only cure for DBA is a bone marrow transplant, a procedure that carries serious risks and, since most patients lack an acceptable donor, is an option available for only about 25 percent of patients;

Whereas rare diseases, such as DBA, benefit greatly from well-established comprehensive care centers such as the DBA Comprehensive Clinical Care Center at Schneider Children's Hospital in New Hyde Park, New York (the "Center"), which has become the multidimensional hub for the care and treatment of DBA patients across the country, as well as the home of the DBA Patient Registry which has become a valu-

able national resource for investigators utilizing the Center to accomplish research in a multitude of areas not specific only to DBA;

Whereas the successful establishment of the Center became a model for how to diagnose, treat, and improve the lives of patients with rare diseases, while learning from the disorder to yield advancements in other areas of disease research;

Whereas the success of the initial Center prompted the Centers for Disease Control and Prevention's DBA Public Health Outreach and Surveillance Program to establish 3 additional DBA Centers in Texas, California, and Massachusetts to further patient access to information, treatment, and care by DBA experts, which has resulted in a doubling of patient care visits for DBA care and surveillance since their establishment;

Whereas the DBA Public Health Outreach and Surveillance Program at the Centers for Disease Control and Prevention ("CDC") has resulted in the completion of the first CDC brochure for the DBA patient population, the introduction of a DBA hotline and dedicated DBA nurse, and has resulted in a 25-percent increase of enrollment of DBA patients into the DBA Patient Registry in the first 2 years of the program;

Whereas the collaboration between the National Institutes of Health and the Centers for Disease Control and Prevention and their close collaboration with the Daniella Maria Arturi Foundation and the DBA Foundation have driven the many recent successes in the DBA field and serve as a model for addressing rare disease research efforts through close public and private collaboration to achieve the highest levels of success in the areas of improved patient care and disease research;

Whereas the interagency collaboration achieved within the National Institutes of Health between the National Heart, Lung, and Blood Institute, the National Institute of Diabetes and Digestive and Kidney Diseases, the National Cancer Institute, and the Office of Rare Diseases to advance the research and understanding of DBA has resulted in significant advancements not only in the DBA scientific arena, but in understanding its many links to more prevalent disorders; and

Whereas the DBA research initiatives have already yielded tremendous success including the discovery of 2 ribosomal protein ("RP") genes and the identification that DBA is the first human disease linked to a ribosomal protein problem which, as a fundamental unit of cellular function, has been implicated in a wide range of human disorders including cancer, making this discovery a profound example of the additional benefits that may result from the study of DBA: Now, therefore, be it

Resolved, That the House of Representatives—

(1) recognizes that the identification of Diamond-Blackfan Anemia ("DBA") may advance the understanding of DBA, identify implications of cancer predisposition, and serve as an important model for understanding human development and the molecular basis for certain birth defects;

(2) recognizes the importance of comprehensive care centers in providing complete care and treatment for each patient, leading to an increase in correct and early diagnosis;

(3) commends Schneider Children's Hospital for providing the first DBA Comprehensive Clinical Care Center for patients across the country, for developing the DBA Patient Registry which has proven a robust surveillance tool to understand the epidemiology, biology, and treatment of DBA, and for providing a valuable resource for investigators at a national level, working to understand DBA's

link to more prevalent disorders facing Americans;

(4) commends the Daniella Maria Arturi Foundation and the Diamond-Blackfan Anemia Foundation for their efforts to facilitate the successful collaboration among the National Institutes of Health and the Centers for Disease Control and Prevention to achieve a successful multidisciplinary approach between clinical and scientific DBA efforts with the goal of shortening the life cycle of success realized between the laboratory and applied patient care; and

(5) encourages research efforts to further understand ribosomal protein deficiencies in rare inherited diseases and to advance the treatment options available to those with DBA.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Wisconsin (Ms. BALDWIN) and the gentleman from New York (Mr. FOSSELLA) each will control 20 minutes.

The Chair recognizes the gentlewoman from Wisconsin.

GENERAL LEAVE

Ms. BALDWIN. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material on the resolution under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Wisconsin?

There was no objection.

Ms. BALDWIN. Madam Speaker, I yield myself such time as may consume.

I rise in support of H. Res. 524, expressing the sense of the House with respect to Diamond-Blackfan anemia, DBA.

DBA is a rare genetic bone marrow disorder affecting children and adults, 90 percent of whom are younger than 1 year of age when they are diagnosed. DBA results in severe anemia due to the failure to produce red blood cells. The symptoms may vary greatly, from very mild to severe and life-threatening. Unfortunately, because DBA is a rare disease, there is limited research being done, and treatment options are not optimal.

The resolution before us today as amended expresses the sense of the House of Representatives that we should encourage further efforts to clarify the natural history of DBA, continue efforts to raise awareness and ease access of information about DBA, encourage research efforts that will advance treatment options and seek a cure and encourage cross-institutional research initiatives to study the intricacies involved in this rare inherited disease.

This is an important piece of legislation, and I would like to acknowledge and thank my colleague Representative CAROLYN MCCARTHY for her hard work and dedication on this issue. I urge all of my colleagues to join me in support of this legislation.

Madam Speaker, I reserve the balance of my time.

Mr. FOSSELLA. Madam Speaker, I yield myself such time as I may consume.

Let me join my colleague from Wisconsin in supporting H. Res. 524 and also acknowledging again at the outset the work and efforts of my colleague from New York (Mrs. MCCARTHY).

As was mentioned, the resolution recognizes the elements of the Diamond-Blackfan anemia and the research being done on the disease.

DBA is a blood condition, as mentioned, present at birth which is characterized by failure of the bone marrow to produce red blood cells, and unlike other types of anemia, DBA relates to a bone marrow failure. It's been the result of a genetic mutation and has generally been diagnosed at birth.

The purpose of this resolution is to bring awareness to this disease and the research and education surrounding Diamond-Blackfan anemia. As is always the case, although the word is rare and operative, the point is if somebody is suffering from DBA they're suffering, and just because there may not be tens of thousands a year, the fact is that suffering doesn't go away.

So I would urge the adoption.

Madam Speaker, I reserve the balance of my time.

Ms. BALDWIN. Madam Speaker, I am now proud to yield 5 minutes to my colleague, the author of this resolution, the gentlelady from New York (Mrs. MCCARTHY).

Mrs. MCCARTHY of New York. Madam Speaker, I'd like to thank my colleague Ms. BALDWIN for her support, and I'd also like to thank my colleague from New York, VITO FOSSELLA, for taking a strong stance on this issue.

I also want to say that this bill would not have made it to the floor without the help of my good friend and colleague, Congressman PALLONE from New Jersey, for his support in bringing it up.

It was mentioned that Diamond-Blackfan anemia, or DBA, is a rare genetic bone marrow failure disorder that affects children and adults, stopping the body's ability to produce red blood cells.

A lot of our colleagues might remember, every year I go around and ask all of my colleagues to sign a book so that I can have the opportunity to teach my colleagues about DBA, so as we go down the road mostly hopefully to get more research money.

Ninety percent of those suffering this disease were younger than 1 year old when they were diagnosed. Children living with DBA have an increased risk of leukemia, solid tumors, and complete bone marrow failure. Fifty percent of patients with DBA are also born with birth defects, including abnormalities to the face, head, upper arm and hand, and heart. Twenty-one percent of affected patients suffer from more than one defect.

The individuals and families suffering from rare diseases such as DBA not only face the challenges of their life-threatening diseases, but they must also confront the limited treatment and the research options.

Researchers believe that the study of DBA will yield clues to several other widespread diseases, providing valuable insights into the biology of blood disorders, blood cell formation, leukemia, and serve as an important model for understanding the genetics of birth defects.

Unfortunately, many of the long-term treatments for DBA have the potential for serious side effects, including impaired growth, diabetes, and iron overload.

The only cure for DBA is a bone marrow transplant, a procedure that carries serious risks. And since most patients lack an acceptable donor, it's an option available for only about 25 percent of the patients.

□ 1715

Rare diseases, such as DBA, where there are no regional or ethnic trends and a small number of patients, make progress in treatment and research difficult. Thankfully, there are centers across the Nation that devote countless hours into understanding this disease. One such center is based out of my district on Long Island. The DBA Comprehensive Clinical Care Center at Schneider Children's Hospital in New Hyde Park, New York, has become the hub for the care and treatment of DBA patients across the country. The facility is also home of the DBA Patient Registry, which has become a valuable national resource for families and the researchers.

The success made at Schneider's Children's Hospital have prompted the Centers for Disease Control and Prevention's DBA Public Health Outreach and Surveillance Program to establish three additional DBA centers in Texas, California, and Massachusetts to further patient access, information, treatment, and care by DBA experts. This has resulted in a doubling of patient care visits for DBA since their establishment.

The effects are also felt on a national level. The CDC has dedicated resources and manpower to the study of DBA as well as patient outreach. Because of these efforts, we have seen a 25 percent increase of enrollment of DBA patients into the DBA Patient Registry in the first 2 years of the program. The collaboration achieved through Federal programs such as NIH and the CDC and private groups such as the Daniela Maria Arturi Foundation and the DBA Foundation have driven the many recent successes in the DBA field. This partnership should serve as a model for addressing rare disease research efforts through close public and private manners. I have been working with the Arturi family for many years. Their daughter Daniela was affected by this rare disease, and they have been the vocal voices for increased funding for research and treatment. Today, we in Congress will give them and all families suffering from this rare disease a chance of hope.

Let me say that we hear constantly of these very rare diseases, and the

families sometimes feel they have no hope. I would encourage them to reach out on the Internet to find the information they need to. The foundation that was started 10 years ago has come such a long way where researchers from across the world now come in for a conference every year to find out more and what work has been done. And even though the cure for DBA has not happened yet, the other research has helped many, many other families. So, please, join me in supporting this resolution and telling the families and the children with DBA that they are not alone. I ask my colleagues to support H. Res. 524.

Mr. FOSSELLA. Madam Speaker, I reserve the balance of my time.

Ms. BALDWIN. Madam Speaker, I am pleased to yield 2 minutes to my colleague from New York, Congressman BISHOP.

Mr. BISHOP of New York. Madam Speaker, I rise in strong support and as a proud cosponsor of this resolution, recognizing the importance of the Federal Government's continued support for research into the rare bone marrow failure disorder for which there is no known cure known as Diamond-Blackfan anemia.

I am very proud to represent Manny and Maria Arturi of Remsenberg, NY, located in my district. After the loss of their daughter Daniela Maria nearly 12 years ago, the foundation they created and that bears her name continues making great strides toward the ultimate goal of finding a cure.

When a tragic disorder like this strikes infants within the first year of their lives, it is all the more important for Congress to go on record voicing our unwavering support to raise awareness and broaden support for funding rare disease research. Accordingly, this resolution demonstrates we support giving experienced doctors the resources for the most complete care for those patients. And by encouraging the National Institutes of Health and Centers for Disease Control to coordinate a multidisciplinary approach toward a cure, this legislation brings hope that other parents will be spared from the kind of devastation felt by the Arturis once they learned of their child's diagnosis.

Therefore, Madam Speaker, I encourage my colleagues to support this resolution as well as other measures that will ultimately bring about a cure for Diamond-Blackfan anemia.

Mr. FOSSELLA. Madam Speaker, let me again congratulate Mrs. MCCARTHY for bringing this to the floor, and constantly, not just here but constantly bringing attention to DBA.

Whenever a parent gets bad news on a child and an illness, you know it takes to the heart. And there are so many innovative, wonderful, compassionate health care professionals who try to bring a level of comfort to those families, and I know that here in Congress we do the same and try to bring awareness. And although rare, or rarer

than many illnesses, nevertheless, the pain and suffering remains the same.

I yield back the balance of my time.

Ms. BALDWIN. Madam Speaker, Diamond-Blackfan anemia is such a serious condition; and because it is such a rare disease, there is a real need for increased awareness and research. I commend my colleague Mrs. MCCARTHY for her advocacy on this issue, and I urge my colleagues to support the resolution.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Wisconsin (Ms. BALDWIN) that the House suspend the rules and agree to the resolution, H. Res. 524, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the resolution, as amended, was agreed to.

A motion to reconsider was laid on the table.

DEXTROMETHORPHAN DISTRIBUTION ACT OF 2007

Ms. BALDWIN. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 970) to amend the Federal Food, Drug, and Cosmetic Act with respect to the distribution of the drug dextromethorphan, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 970

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Dextromethorphan Distribution Act of 2007".

SEC. 2. RESTRICTIONS ON DISTRIBUTION OF BULK DEXTROMETHORPHAN.

The Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321 et seq.) is amended—

(1) in section 501, by inserting at the end the following:

"(j) If it is unfinished dextromethorphan and is possessed, received, or distributed in violation of section 506D."; and

(2) by inserting after section 506C the following:

"SEC. 506D. RESTRICTIONS ON DISTRIBUTION OF BULK DEXTROMETHORPHAN.

"(a) RESTRICTIONS.—No person shall—

"(1) possess or receive unfinished dextromethorphan, unless the person is registered under section 510; or

"(2) distribute unfinished dextromethorphan to any person other than a person registered under section 510.

"(b) EXCEPTION FOR COMMON CARRIERS.—This section does not apply to a common carrier that possesses, receives, or distributes unfinished dextromethorphan for purposes of distributing such unfinished dextromethorphan between persons registered under section 510.

"(c) DEFINITIONS.—In this section:

"(1) The term 'common carrier' means any person that holds itself out to the general public as a provider for hire of the transportation by water, land, or air of merchandise, whether or not the person actually operates the vessel, vehicle, or aircraft by which the transportation is provided, between a port or place and a port or place in the United States.

"(2) The term 'unfinished dextromethorphan' means dextromethorphan that is not contained in a drug that is in finished dosage form.".

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Wisconsin (Ms. BALDWIN) and the gentleman from New York (Mr. FOSSELLA) each will control 20 minutes.

The Chair recognizes the gentlewoman from Wisconsin.

GENERAL LEAVE

Ms. BALDWIN. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material on the bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Wisconsin?

There was no objection.

Ms. BALDWIN. Madam Speaker, I yield myself such time as I may consume.

I rise in support of H.R. 970, the Dextromethorphan Distribution Act of 2007.

Dextromethorphan, commonly known as DXM or DEX, is an active ingredient in many over-the-counter cough and cold medications. When used as directed, DEX has proven to be an effective cough suppressant; but sadly, an alarming number of teenagers and young adults are abusing prescription and over-the-counter medications by taking much larger than recommended doses to get high.

H.R. 970 attempts to curb the misuse and abuse of DEX by restricting the sale, purchase, trade, and distribution of DEX to registered producers of drugs and devices. The legislation is aimed at preventing would-be drug dealers from purchasing DEX wholesale and selling it over the Internet and on the streets.

Similar legislation passed the House during the 109th Congress but was not enacted into law. Today, we renew our commitment to America's young people by passing this legislation. We are also reminding parents and guardians to remain vigilant in the often difficult task of talking with our young people about drug misuse and abuse. Even if your child does not abuse products containing DEX or any other over-the-counter medications, odds suggest that they know somebody who does.

I want to acknowledge and commend our colleagues, particularly Congressman FRED UPTON and Congressman RICK LARSEN, for their committed work on this issue, and I urge my colleagues to support H.R. 970.

Madam Speaker, I reserve the balance of my time.

Mr. FOSSELLA. Madam Speaker, I am proud to rise in favor along with my colleague from Wisconsin and support H.R. 970. At the outset, I would also like to thank Mr. UPTON of Michigan and Mr. LARSEN of Washington for their work on this important legislation. Mr. UPTON in particular has been a true champion and is one of the reasons why we are here.

Dextromethorphan, or DXM or DEX as it is sometimes called, is an ingredient found in cough medicine. The ingredient relieves the coughing associated with the cold or flu, which is a positive, and cough medicines containing this drug are common and can be obtained without prescription, as we all know. While the drug is safe and effective, it is also dangerous if too much is taken.

Reports have shown that some segments of the population, particularly young people, will take large amounts of this medicine in an attempt to absorb large amounts of DXM to get high. The abuse of this drug can cause death as well as other serious adverse events, such as brain damage, seizure, loss of consciousness, and irregular heartbeat.

Madam Speaker, at this point, I yield to my colleague and a true champion of this, Mr. UPTON, for 4 minutes.

Mr. UPTON. Madam Speaker, I also want to compliment our fine Reading Clerk for getting the pronunciation of dextromethorphan correct. I know she has been practicing for days, as many of us have.

But I too rise in strong support of this bill, H.R. 970, the Dextromethorphan Distribution Act. I am going to call it DXM, of 2007, legislation that I introduced with my friend and colleague Mr. RICK LARSEN of Washington. He has been absolutely a champion as we have worked this issue on both sides of the aisle to restrict the distribution of this product to entities registered with the FDA.

I want to thank the House leadership for scheduling this bill; I want to thank my friend and chairman, Mr. DINGELL of our committee, as well as Mr. BARTON, the ranking member, as well as the chairman and ranking member of the Energy and Commerce Health Subcommittee for allowing this bill in fact to come to the floor, not only in this session but in the last session of Congress as well. When we did pass it on the House floor, I think it was actually one of the last bills that was passed in the 109th Congress in the House, but the Senate failed us at the end. We are hoping that by passing it at this point the Senate, in fact, will move together.

I also want to thank my staff, particularly Jane Williams, who has sat in countless meetings as we have worked and finessed this legislation, not only the industry folks here, but obviously with House and Senate leaders on both sides of the Capitol.

This drug normally is a safe and effective nonnarcotic cough suppressant that is used in many over-the-counter cough and cold medicines. While medicines containing DXM are used safely and effectively by millions of Americans every year, taken in extremely large quantities this drug produces a high that can cause brain damage, seizure, and obviously death.

Studies have shown that teenagers are obtaining unfinished DXM on the Internet to get high by consuming